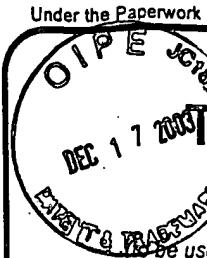


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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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# TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

		Application Number	10/689,121
		Filing Date	October 20, 2003
		First Named Inventor	William Kopaciewicz
		Group Art Unit	Not yet assigned
		Examiner Name	Not yet assigned
Total Number of Pages in This Submission		Attorney Docket Number	MCA-617

ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> -Form PTO-1449	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> -References cited - 2	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application			
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			
Remarks			

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kevin S. Lemack Nields & Lemack
Signature	
Date	December 15, 2003

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

Typed or printed name	Kevin S. Lemack
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : William Kopaciewicz et al.

Serial No. : 10/689,121

Filed : October 20, 2003

For : MULTI-SIDED IMMERSION FORMATION OF COMPOSITE STRUCTURES AND METHOD

Examiner : Not yet assigned

Art Unit : Not yet assigned

Attorney  
Docket No. : MCA-617

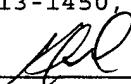
Commissioner for Patents  
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INFORMATION DISCLOSURE STATEMENT

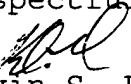
The Examiner is respectfully requested to consider the documents which are listed on the attached form PTO 1449.

Copies of the documents listed on the attached form are filed herewith.

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Signature: Kevin S. Lemack  
Date: December 15, 2003

Respectfully submitted,

  
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FORM PTO-1449

LIST OF PATENTS AND PUBLICATIONS FOR  
APPLICANT'S INFORMATION DISCLOSURE  
STATEMENT

ATTY. DOCKET NO.	SERIAL NO.
MCA-617	10/689,121
William Kopaciewicz et al.	
FILING DATE	GROUP
October 20, 2003	Not yet assigned

REFERENCE DESIGNATION

U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
	AA	6,048,457	4/2000	Kopaciewicz et al.	210	321.6	
	AB	6,200,474	3/2001	Kopaciewicz et al.	210	321.6	
	AC						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	BA							
	BB							
	BC							
	BD							

OTHER ART (Including Author, Title, Date, Pertinent Pages, etc.)

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